

## CITY OF FREMONT PARKS & RECREATION EMERGENCY INFORMATION & GENERAL RELEASE FORM



THIS FORM MUST BE COMPLETED AND SIGNED FOR EACH PARTICIPANT PRIOR TO PARTICIPATING IN ANY OF OUR ACTIVITIES. AFTER COMPLETING AND SIGNING FOR EACH PARTICIPANT, MAKE MULTIPLE COPIES FOR ALL CLASSES WITHIN THE TIME FRAME POSTED ABOVE. TURN FORMS IN TO THE INSTRUCTOR ON THE FIRST DAY OF EACH CLASS. Call (510) 494-4300 for questions.

PARTICIPANT INFORMATION (Please print)		
Participant's First Name	Last Name	
Custodial Parent/Legal Guardian (if participant is a minor)		
Home Phone Work Phone		Cell Phone
Address	City	Zip Code
☐ Male ☐ Female Birth Date// Age:	E-mail Address	
Participant's Medical Insurance Provider (Kaiser, Blue Shield, Blue Cross, etc.)		
AUTHORIZATION FOR MINOR CHILD RELEASE AT THE child: (They may be called in case of emergency)	END OF THE DAY: The fol	lowing people are authorized to pick up my
NAME Relationship to Child	Home Phone	Work Phone Cell Phone
1.		
2.       3.		
4.		
(List additional authorizations on the back of this form.)  My child will arrive and depart classes on his or her own capabilities (walking, bicycle, etc.) (Check box if yes)		
		INITIAL HERE
SPECIAL ACCOMMODATIONS: City of Fremont Parks and Recreation Department welcomes individuals with disabilities into programs. Please assist out staff by indicating any medical conditions or other conditions that might affect your, or your child's, participation and describe any accommodations needed for successful inclusion in our programs. (Allergies to food, medicine or environment, medical conditions, etc.)		
PHOTO RELEASE FOR ALL PARTICIPANTS: Your child could be part of our promotional campaign!  The Parks and Recreation Department may take and use photos of participants for publicity purposes. Photos of participants are used in the City's Recreation Guide, other media and e-newsletter publications. I hereby grant the City of Fremont permission to use my, or my child's, likeness, name, voice and words in any broadcast, telecast or print media account of this event or activity free of charge.  INITIAL HERE		
√ Participant or Parent/Guardian (print)	Signature	Date